- 75 Benedict FG, Miles WR, Roth P, et al. Human vitality and efficiency under prolonged restricted diet. Washington: Carnegie Institution of Washington, 1919.
- 76 Fichter MM, Pirke K-M, Holsboer F. Weight loss causes neuroendocrine disturbances: Experimental study in healthy starving subjects. *Psychiatry Res*1986;17:61–72.
- 77 Fava M, Rappe SM, West J, et al. Anger attacks in eating disorders. Psychiatry Res 1995;56:205–12.
 78 Thompson KM, Wonderlich SA, Crosby RD, et al. The neglected link
- 78 Thompson KM, Wonderlich SA, Crosby RD, et al. The neglected link between eating disturbances and aggressive behavior in girls. J Am Acad Child Adolesc Psychiatry 1999;38:1277–84.
- 79 Herzog DB, Keller MB, Sacks NR, et al. Psychiatric comorbidity in treatment seeking anorexics and bulimics. J Am Acad Child Adolesc Psychiatry1992;31:810–18.
- Vandereycken W, Van Houdenhove V. Stealing behavior in eating disorders: characteristics and associated psychopathology. Comp Psychiatry 1996;37:316–21.
- 81 Yaryura-Tobias JA, Neziroglu FA, Kaplan S. Self mutilation, anorexia, and dysmenorrhea in obsessive compulsive disorder. *Int J Eat Disord* 1995;17:33–8.
- 82 Askenazy F, Candito M, Caci H, et al. Whole blood serotonin content, tryptophan concentrations, and impulsivity in anorexia nervosa. *Biol Psychiatry* 1998;43:188–95.
- 83 Brewerton TD, Hand LD, Bishop ER. The Tridimensional Personality Questionnaire in eating disorder patients. Int J Eat Disord 1993:14:213–18.
- 84 Kleifield El, Sunday S, Hurt S, et al. The Tridimensional Personality Questionnaire: an exploration of personality traits in eating disorders. J Psychiatr Res 1994;28:413–23.
- 85 Rossier V, Bolognini M, Plancherel B, et al. Sensation seeking: a personality trait characteristic of adolescent girls and young women with eating disorders? Eur Eat Disorder Rev 2000;8:245–52.
- 86 Barrett D, Fine HJ. The gnostic syndrome: anorexia nervosa. Psychoanalytic Psychotherapy 1990;4:263–70.
- 87 Huline-Dickens S. Anorexia nervosa: some connections with the religious attitude. Br J Med Psychol 2000;73:67–76.
- 88 Davidson RJ, Putnam KM, Larson CL. Dysfunction in the neural circuitry of emotion regulation—a possible prelude to violence. *Science* 2000;289:591–4.

- 89 Hollander E, Rosen J. Impulsivity. J Psychopharmacol 2000;14(supp1):39–44S.
- Black DW. Compulsive buying: a review. J Clin Psychiatry 1996;57(suppl 8):50–55S.
- New AS, Trestman RL, Mitropoulou V, et al. Serotonergic function and self injurious behavior in personality disorder patients. Psychiatry Res 1997;69:17–26.
- 92 Oquendo MA, Mann JJ. The biology of impulsivity and suicidality. Psychiatr Clin North Am 2000;23:11–25.
- 93 Huether G, Zhou D, Schmidt S. Long term food restriction downregulates the density of serotonin transporters in the rat frontal cortex. *Biol Psychiatry* 1997;41:1174–80.
- 94 Zhou D, Huether G, Willfang J, et al. Serotonin transporters in the rat frontal cortex: lack of circadian rhythmicity but downregulation by food restriction. J Neurochem 1996;67:656–61.
- 95 **Leibowitz SF**. The role of serotonin in eating disorders. *Drugs* 1990;**39**(suppl):33–48S.
- 96 Kaye WH, Gwirtsman HE, George DT, et al. Altered serotonin activity in anorexia nervosa after long term weight restoration. Does elevated cerebrospinal fluid 5-hydroxyindoleacetic acid level correlate with rigid and obsessive behavior? Arch Gen Psychiatry 1991;48:556–62.
- 97 Brody BA. Life and death decision making. New York: Oxford University Press, 1988.
- 98 Charland L. Appreciation and emotion: theoretical reflections on the MacArthur Treatment Competence Study. Kennedy Inst Ethics J 1998:8:359–76.
- 99 Appelbaum PS. Ought we to require emotional capacity as part of decisional competence? Kennedy Inst Ethics J 1998;8:377–87.
- 100 Drane JF. Competency to give an informed consent. A model for making clinical assessments. JAMA 1984;252:925–7.
- 101 Pawluck DE, Gorey KM. Secular trends in the incidence of anorexia nervosa: integrative review of population based studies. *Int J Eat Disord* 1998;23:347–52.
- 102 American Psychiatric Association: task force on DSM-IV. Diagnostic and statistical manual of mental disorders: DSM-IV [4th ed]. Washington, DC: American Psychiatric Association, 1994.
- 103 Appelbaum PS, Rumpf T. Civil commitment of the anorexic patient. Gen Hosp Psychiatry 1998;20:225–30.

LETTER

Gender balance and sex equality

ithout intervention, a small preponderance of female over male infants will be born, and female children will have a slightly higher chance of living to maturity. Thereafter, the female population will decline comparatively sharply in consequence of death in childbirth. Historical evidence indicates that throughout the recorded history of Britain, there was a relative scarcity of women, and men dominated social structures. This situation was only reversed in the early decades of the 20th century, a time when three generations of young men had gone, in succession, to be soldiers. These wars were largely fought abroad, and too few returned to provide husbands for all the available women.

It is no coincidence that this era also saw the real beginning of equality for women. Circumstances dictated that women undertake roles previously considered male, and events proved their ability to do so. The surplus women continued in working careers, perforce, providing role models for those who came after. All the protests of the suffragettes were less effective than this brutal gender imbalance.

Dickens's assertion that the present scarcity of girls in India, due to sex selection before and after birth, will lead to a future increased social value for daughters, may be true.¹ This will in no way reverse the force of male dominance, however, since to have value as a wife and a mother is not necessarily to have value as a person. On the contrary, a shortage of wives and mothers will reduce opportunities for these future women to be anything else. Their chance of escaping the present lot of their mothers will be significantly less.

In the developed world, the birth rate is falling below replacement levels. A first male child is still preferred and a family of less than two children cannot be balanced. To this day, equality of the sexes has not been fully achieved. Dickens complains that prohibition of sex selection is ineffective, using demo-

graphic data from India to prove his point. Most countries prohibit murder, which would also appear to be ineffective. None the less, such law is regarded as a worthwhile statement of the limits of morally acceptable behaviour. He also says that prohibition of sex selection is unjust and oppressive, when used in a society such as Canada, where a survey suggests that sex preference for second born children is chiefly to have one child of each sex. Prohibiting sex selection even in these circumstances is a statement of what a society believes is a morally acceptable attitude towards parenthood, and as such, should not be regarded as unjust or oppressive.

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Reference

1 Dickens BM. Can sex selection be ethically tolerated? J Med Ethics 2002;28:335-6.